PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notification		in Block I, by (a) specify	ying a new c	* **	; and/or (b) indicating a sep		
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block I) (Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	LE & ASSOCIATE JE	JUN 0 4 2004	CA8 3013	Ce I hereby certify that the States Postal Service addressed to the Martina transmitted to the USF	rtificate of Mailing or Tran- his Fee(s) Transmittal is bein with sufficient postage for fir il Stop ISSUE FEE address TO, on the date indicated be	smission ng deposited with the United rst class mail in an envelope s above, or being facsimile low. (Depositor's name) (Signature)	
			<u>~</u>	June 2 ac-			
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/764,243	01/19/2001	Michael C. Stephens JR.			VISA-48	6973	
TITLE OF INVENTION: RI	ETICLE OPTION LAYER	DETECTION METHOD					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PI	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		\$0	\$1330	07/22/2004	
EXAMINER		ART UNIT	C	LASS-SUBCLASS]	·	
COLEMAN, WILLIAM D		2823		438-014000			
Address form PTO/SB/12 "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submittee (A) NAME OF ASSIGNI	on (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO Be an assignee is identified be to the USPTO or is being at EE.	Correspondence firm agent attorn form e of a Customer attorn will low, no assignee data will submitted under separate co (B) RESII	ts OR, altern (having as a t) and the na neys or agen be printed. TENT (print appear on the over. Comple				
Vanguard Semiconduct Please check the appropriate	assignee category or catego	ries (will not be printed on	the patent);	Chu, Tai	corporation or other private g	roup entity 🚨 government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.							
□ Publication Fee □ Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies							
Director for Patents is reques	sted to apply the Issue Fee a				ssue fee to the application ide		
other than the applicant; a interest as shown by the recommendation of information obtain or retain a benefit is application. Confidentiality estimated to take 12 minut completed application for case. Any comments on suggestions for reducing the Patent and Trademark (22313-1450. DO NOT S.	n to the USPIO. Time wi the amount of time you	ent; or the assignee or of the attent and Trademark Office 1.311. The information is ile (and by the USPTO to 122 and 37 CFR 1.14. This athering, preparing, and su Il vary depending upon the complete this to the Chief Information of Commerce, Alexandr TTED FORMS TO THIS	s required to process) an collection is ibmitting the in individual form and/or	06/07/2004 W 01 FC:1501 02 FC:8001	ABRHAM2 00000235 1900 1330.00 DA 24.00 DA	33 09764243	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.